

**STATE OF MONTANA**  
**DEPARTMENT OF LIVESTOCK**

Animal Health Division  
PO Box 202001  
Helena, MT 59620-2001  
Ph (406) 444-2043 FAX (406) 444-1929



**APPLICATION FOR ANNUAL BULL SEMEN IMPORT PERMIT**

I hereby apply for an annual bull semen import permit to ship bull semen into/within Montana. I understand this permit expires on December 31<sup>st</sup> of the calendar year in which it was issued.

**CERTIFICATION**

I HEREBY CERTIFY THAT ALL THE ANIMALS, SEMEN, ADDITIVES, AND EQUIPMENT MEET MONTANA'S SEMEN IMPORT REGULATIONS. ALL TESTS ARE DONE BY A LICENCED, ACCREDITED VETERINARIAN. A COPY OF THIS PERMIT WILL ACCOMPANY EACH SHIPMENT OF SEMEN, AS REQUIRED BY MONTANA DEPARTMENT OF LIVESTOCK ARM 32.3.220.

I FURTHER CERTIFY THAT THIS STUD IS PARTICIPATING IN THE FOLLOWING CERTIFICATION PLAN:

\_\_\_\_\_  
Signature of Licensed Accredited Veterinarian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Accredited Veterinarian

\_\_\_\_\_  
Vet License No.

( \_\_\_\_\_ )  
\_\_\_\_\_  
Phone Number

**BULL STUD INFORMATION**

*Please type or print legibly*

\_\_\_\_\_  
Name of Stud

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_  
Other Identification (Tags, etc.)

\_\_\_\_\_  
Printed name of Owner or Agent

\_\_\_\_\_  
Mailing Address

( \_\_\_\_\_ )  
\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
City, State, & Zip / Province & Postal Code

\_\_\_\_\_  
Vet License No.

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Date Permit Issued: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PERMIT NUMBER: \_\_\_\_\_

Expiration Date: \_\_\_\_ 12 / 31 / \_\_\_\_